

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 100-479)**

EXAMINER

653413

FILING DATE

8-31-00

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	O.P.	W/O.	O.P.	W/O.	O.P.
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